Introduced by Assembly Member Robert Pacheco

February 28, 2000

An act to amend Sections 125085, 125090, and 125100 of, and to repeal Section 125107 of, the Health and Safety Code, relating to HIV testing.

LEGISLATIVE COUNSEL'S DIGEST

AB 2809, as introduced, Robert Pacheco. Human immunodeficiency virus (HIV): maternal and newborn health.

Existing law requires a physician and surgeon to obtain a blood specimen from a pregnant woman before or at the time of delivery. Existing law requires the blood specimen to be tested for rhesus (Rh) blood type and the presence of the hepatitis B surface antigen.

This bill would require that the blood specimen also be tested for the presence of antibodies to the human immunodeficiency virus or HIV. This bill would authorize a pregnant woman to refuse HIV testing if she has been determined to be chronically infected with HIV or if a medical professional explains the purpose of testing and the currently approved treatments.

Existing law requires specified medical entities and professionals to maintain and make information available to the State Department of Health Services regarding testing, treatment, and prevention of perinatally transmitted hepatitis B. Existing law requires the department to make

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funds available to requesting counties for testing, treatment, and prevention of hepatitis B.

This bill would require specified medical entities and professionals to maintain and make information available to the department regarding testing, treatment, and prevention of HIV and hepatitis B. This bill would require the department to make funds available to requesting counties for testing, treatment, and prevention of HIV and hepatitis B.

Existing law requires prenatal care providers, as defined, to offer a HIV test, information, counseling, and referral services that include providing certain information to every pregnant woman patient during prenatal care.

This bill would delete this provision.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. The Legislature finds and declares all of 2 the following:
- 3 (a) The human immunodeficiency virus (HIV) 4 infection rate among women of childbearing years is
- 5 estimated at 0.6 per 1,000. Universal testing of pregnant
- 6 women could prevent the perinatal transmission of HIV
- 7 to the newborn since treatment before or at the time of
- 8 labor and delivery can prevent transmission to the
- 9 newborn.
- 10 (b) A study conducted by the National Institutes of 11 Health (NIH) has shown that treatment of pregnant 12 women with zidovudine (AZT) can reduce transmission of HIV from 25 percent to less than 8 percent.
- 14 (c) Another NIH study, concluded in 1999, has shown 15 a further reduction of transmission of HIV to 16 approximately 2 percent with a single dose of nevirapine 17 administered at the time of labor and delivery and to the 18 newborn after delivery.
- 19 (d) The cost of an HIV test in the standard prenatal 20 panel is estimated to cost three dollars (\$3) to five dollars 21 (\$5). The average total lifetime charges for the care of a
- 22 child with HIV infection is estimated at four hundred

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ninety-one thousand nine hundred thirty-six dollars (\$491,936), making early detection through universal HIV screening of pregnant women a cost-effective policy.

- SEC. 2. Section 125085 of the Health and Safety Code 5 is amended to read:
- 125085. (a) A blood specimen obtained pursuant to 6 Section 125080 shall be submitted to a clinical laboratory licensed by the department or to an approved public health laboratory for a determination of rhesus (Rh) blood type and the results shall be reported to both of the 10 11 following:
- 12 (1) The physician and surgeon other or 13 engaged in the prenatal care of the woman or attending the woman at the time of delivery.
 - (2) The woman tested.

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- (b) In addition, a blood specimen obtained pursuant to 17 Section 125080 shall be submitted to a clinical laboratory 18 licensed by the department or to an approved public 19 health laboratory for a test to determine the presence of hepatitis surface antigen and В the human immunodeficiency virus (HIV). In the event that other tests to determine hepatitis B infection or HIV infection become available, the department may approve additional tests.
- SEC. 3. Section 125090 of the Health and Safety Code 26 is amended to read:
- 125090. (a) Subdivision (a) of Section 125085 shall 28 not be applicable if the licensed physician and surgeon or other person engaged in the prenatal care of a pregnant woman or attending the woman at the time of delivery has knowledge of the woman's blood type and accepts responsibility for the accuracy of the information.
- 33 (b) Subdivision (b) of Section 125085 shall not be 34 applicable if the licensed physician and surgeon or other person engaged in the prenatal care of a pregnant woman 36 or attending the woman at the time of delivery has 37 knowledge that the woman has previously determined to be chronically infected with hepatitis (B) 38 B or human immunodeficiency virus (HIV) and accepts responsibility for the accuracy of the information.

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(c) A pregnant woman may refuse testing for HIV on a blood specimen collected pursuant to Section 125080 after the purpose of the testing including the risk of 4 perinatal transmission and any currently approved 5 treatment known to prevent perinatal transmission of 6 HIV is explained by a licensed physician and surgeon engaged in the prenatal care of a pregnant woman or attending the woman at the time of delivery. Any refusal of testing for HIV shall be in writing and shall be 10 maintained in the medical record.

SEC. 4. Section 125100 of the Health and Safety Code 12 is amended to read:

125100. (a) Clinical laboratories licensed 14 department, approved public health laboratories, local 15 health departments, physicians and surgeons, or 16 persons engaged in the prenatal care of a pregnant 17 woman or in the care of an infant shall maintain and make 18 available to the department information necessary to 19 evaluate, for public health purposes, the effectiveness of 20 testing and followup treatment for the prevention of 21 perinatally hepatitis В infection transmitted and 22 perinatally transmitted human immunodeficiency virus 23 (HIV) infection.

- (b) The department shall make available, to the extent 25 state funds are appropriated therefor in the annual 26 Budget Act or federal funds are available for that 27 purpose, money to each county requesting funds for testing and followup treatment for the prevention of transmitted hepatitis В 29 perinatally 30 perinatally transmitted HIV infection or for any functions 31 performed pursuant to subdivision (a). The money shall 32 be allocated by the department on the basis of the 33 incidence of perinatally transmitted hepatitis B infection 34 and the incidence of perinatally transmitted HIV and the need for necessary followup treatment and evaluation in 36 the requesting county.
- SEC. 5. Section 125107 of the Health and Safety Code 37 38 is repealed.
- 125107. (a) For purposes of this section, "prenatal 39 40 care provider" means a licensed health care professional

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providing prenatal care within his or her lawful scope of practice. This definition shall not include a licensed health care professional who provides care other than prenatal care to a pregnant patient.

- (b) The prenatal care provider primarily responsible for providing prenatal care to a pregnant patient shall offer human immunodeficiency virus (HIV) information and counseling to every pregnant patient. This information and counseling shall include, but shall not be limited to, all of the following:
 - (1) A description of the modes of HIV transmission.
- (2) A discussion of risk reduction behavior modifications including methods to reduce the risk of perinatal transmission.
- (3) Referral information to other HIV prevention and psychosocial services, if appropriate, including anonymous and confidential test sites approved by the Office of AIDS of the State Department of Health Services.
- (c) The prenatal care provider primarily responsible for providing prenatal care to a pregnant patient shall offer an HIV test as defined in Section 120775 to every pregnant patient, unless a positive HIV test result is already documented in the patient's medical record or the patient has AIDS as diagnosed by a physician. The offering of an HIV test shall include discussion of all of the following:
 - (1) The purpose of the test.

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- (2) The risks and benefits of the test.
- (3) The voluntary nature of the test.
- (d) If the pregnant woman voluntarily consents to testing, the provider shall arrange for HIV testing directly or by referral, including, but not limited to, referral to anonymous and confidential test sites approved by the Office of AIDS of the State Department of Health 36 Services.
 - (e) The prenatal care provider primarily responsible for providing prenatal care to a pregnant patient shall document in the patient's medical record that HIV information and counseling has been offered. The

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prenatal care provider shall also document the offering of the HIV antibody test in the patient's medical record.

(f) Nothing in this section shall be construed to require testing, the documentation or disclosure of whether the patient had an HIV test, or the result of an HIV test except to the patient. Any documentation or disclosure of HIV related information shall be made in accordance with Chapter 7 (commencing with Section 120975) of Part 4 of Division 105 regarding confidentiality and informed consent.